

Complete this form to receive a non-binding premium estimate. Note: If you filled out an application or premium estimate form for another broker or any insurer, send us that, instead of filling out this form.

**Contact Information:**

Firm Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Current Malpractice Insurance:**

Insurance Company: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_ Policy Limits: \$ \_\_\_\_\_ / \_\_\_\_\_  
 Policy Deductible: \$ \_\_\_\_\_ Retroactive Date: \_\_\_\_\_ Annual Premium: \$ \_\_\_\_\_

**Attorney Roster (attach extra page, if necessary, or leave blank, and attach your policy's Individual Retroactive Date page):**

Atty. Name	Date of Hire	Position	Avg. Weekly Hours	State Bar Admissions/Year
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

**Practice Areas Grid (Allocate your firm's last 12 months' billings; figures should add up to 100%):**

Wills	%	Elder Law	%	Taxation	%
Trusts/Estates: Assets <\$1M	%	Estate Planning	%	Trusts/Estates Litigation	%
Trusts/Estates: Assets \$1M-\$5M	%	Fiduciary Rep.	%	Other (describe)	%
Trusts/Estates: Assets >\$5M	%	Guardianship	%	Other (describe)	%

**Wills/Trusts/Estates Practice:**

- List the asset value of the three largest Trusts/Estates to which the firm provided legal services in the last 12 months:  
 1. \$ \_\_\_\_\_ 2. \$ \_\_\_\_\_ 3. \$ \_\_\_\_\_
- Does the firm have the authority to write checks, provide investment advice, or make investments, or does it have discretionary control of Trust/Estate clients' funds? Yes \_\_\_ No \_\_\_ If "Yes", describe: \_\_\_\_\_  
 Are two signatures required on all trust documents? Yes \_\_\_ No \_\_\_
- Do the firm's trustee services include making investment decisions pertaining to the purchase or sale of:  
 a. Securities? Yes \_\_\_ No \_\_\_ b. Real Estate? Yes \_\_\_ No \_\_\_ c. Other Investments? Yes \_\_\_ No \_\_\_  
 If "Yes" to any part of Question 2, describe the services rendered, and indicate if the firm receives commissions or fees.  
 \_\_\_\_\_
- Are all attorney fees approved by beneficiaries or the court before being disbursed? Yes \_\_\_ No \_\_\_
- Does the firm: a) Prepare estate tax returns? Yes \_\_\_ No \_\_\_ b) Offer tax opinions? Yes \_\_\_ No \_\_\_ c) Do tax planning? Yes \_\_\_ No \_\_\_  
 Offer proprietary tax strategies or products? Yes \_\_\_ No \_\_\_ If yes, describe: \_\_\_\_\_

**Operations & Risk Management:**

- What was your firm's gross revenue in its last fiscal year: \$ \_\_\_\_\_ current fiscal year estimate: \$ \_\_\_\_\_
- Does your firm have a calendaring/docketing system? Yes  No  If yes, what types of controls does it use? Check all that apply: Single Calendar  Dual Calendar  Pocket Calendar  Computer  Master Listing  Tickler System  Other :
- Which conflict avoidance systems does your firm use? Computer  Index File  Client List  Committee  Memory  None
- Does your firm use any of the following letters for all clients? Check all that apply: Engagement  Fee/Retainer  Decline/Non-Engagement  Scope of Services  Change in Scope of Engagement  Termination of Engagement
- How many suits or arbitrations/mediations for unpaid fees has your firm filed in the last two years? \_\_\_\_\_
- Has any firm lawyer ever been disciplined, or is the subject of a pending disciplinary proceeding?\* Yes  No
- Is any firm lawyer aware of any circumstances that may give rise to a malpractice claim?\* Yes  No
- How many malpractice claims or incidents has the firm or any of its lawyers incurred in the past five years?\* \_\_\_\_\_

\*Disciplinary Proceeding and/or Claim/Incident report(s) required, if any. Download them from [www.lawyersinsurer.com/apply](http://www.lawyersinsurer.com/apply)

Attorney Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_